



**Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant**



**ISG-Adolescent Health Community Advisory Group
April 11, 2006
Meeting Minutes**

Attendees: Karla Birkholz, MD, Oly Cowles, Jacquilyn Cox, Joyce Flieger, Patricia Graham, Karen Kuhfuss, Traci Lombard, DO, Sheila Mehlem, Laura Nelson, MD, Beverly Plonski-Fuqua, Tressia Shaw, MD

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome and Introductions	Karla Birkholz, MD, Your Family Physician	Dr. Birkholz welcomed all the participants to the meeting. The committee members each took turns introducing themselves.	
Overview of the Integrated Services Grant	Jacquilyn Kay Cox, PhD, ADHS-OCSHCN	<p>Jacquilyn Kay Cox, PhD, the Principal Investigator of the Arizona Integrated Services Grant gave an overview presentation of the grant.</p> <p>When we talk about integration, we are talking about integrating across numerous service agencies and service providers, to develop a better total system of care for children and youth with special health care needs. Integration is the new buzz word. The unifying theme for us is that services are integrated at the community level, be family centered, and be parent and youth driven.</p> <p>We have various integration activities currently going on. You may have heard about our Community Development Initiative. Eleven years ago, OCSHCN provided administrative support to community based teams made up of families of CSHCN, agency staff, teachers, and providers. Over the last 11 years, this has resulted in 13 teams throughout the state of Arizona. The purpose of these teams is to look at treatment, services, education, and whatever else is going on at the community level. Most recently, they have started the "SmartCard". This involves training emergency personnel in identifying children with special health care needs when they respond to emergencies. The overall philosophy is that treatment needs to be delivered locally, and it needs to be family</p>	<p>*The Integrated Service Grant Overview (Powerpoint) and the Grant text is on the grant website, www.azis.gov</p>

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		centered. The family as the key decision maker. This has now evolved to other agencies throughout the State and that is what we call the Community Development Initiative.	
Overview of the Integrated Services Grant (con't)	Dr. Cox	Utah has an universal application. Go to Utah Clicks (website) and/or the Utah State University website.	*Integration activities in Utah at www.usu.edu and Utah Clicks website.
		<p>Mountain Park Community Health Center has a systems integration planning grant to look at integrating primary care and behavioral health care.</p> <p>There is the Early Childhood Comprehensive Systems Implementation Grant that the Office for Women's and Children has and it is looking at integration systems. You might be most familiar with these grant activities through the School Readiness Board.</p> <p>The Health Query is a data integration project that is trying to pull together massive databases from birth, death, community health records, hospital discharge records; to create a database system whereby you can access information that describes the health of the community.</p>	
		The Transition Leadership Team, which is headed by the Department of Education, pulls many resources together under the umbrella of transition.	
		Then finally, 211, is attempting to bring all the communities referrals systems into one system.	
		The main components of our Grant, are the Integrated Task Force and the sub-committees, the Medical Home Project, and our specific outcomes around the Performance Measures.	
		The Task Force is made up of about 60 people. We have about 30 people that show up regularly. They include state agencies, providers and families of CSHCN. The most recent addition was Matt Wangeman who is the Chair of the Governor's Council on Developmental Disabilities.	
		We are attempting to get representation across the most broad definition of children with special health care needs. We are not necessarily looking at physical disabilities. We have people from the behavioral health community, the deaf community, the blind community and anyone else we can think of with special needs.	

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Overview of the Integrated Services Grant (con't)	Dr. Cox	<p>The Education Committee will pull together what other agencies and groups are doing in terms of education. In our November Task Force meeting, it was mentioned that everyone is doing education on medical home. But are they doing it the same? And are they competent in the area of medical home because they have gone to all these trainings. The purposes of the Education committee, to have one clearinghouse that records who had been trained, on what, by whom, and was it usable.</p> <p>Our E-Learning Management System will be a WEB-based educational delivery system that will allow people to go online, take an educational offering and get continuing education credit. More importantly, their competency will be assessed, and they can engage in a chat room or live discussion with other people who have taken those same educational opportunities. The date for this to go live is July 1st.</p>	
		The Quality Improvement Committee is one of the committees that is mandated by the Grant and its purpose is to provide oversight to healthcare activities, and to monitor them. They have been spending all their time on selecting the screening instruments that will be used in the Medical Home. That project is now done and they will go on to identify some other measurements that will be put in place.	
		The Specialty Services is another technology-oriented committee. The committee consists of individuals working with telehealth/telemedicine systems throughout the State. While it is great to say that the future is telehealth, we need to make these resources function properly and the Specialty Services Committee will be concentrating on that issue.	
		The Funding Committee is looking at uninsured and under-insured children and the universal application is part of the process of getting people into the system easier, keeping them there, and they do not need to requalify.	
		The Parent Action Council is another committee that is mandated by the Grant and this is made up of parents. This Council will function as a quality improvement tool, to make sure that the other grant committees have active input from parents and youth. They will be coming up with ways to make sure that that inclusion works.	
		The Youth Council was another committee mandated by the grant. We want to bring together the youth perspective about Transition.	*Youth Transition Conference planned for summer 2007

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Overview of the Integrated Services Grant (con't)	Dr. Cox	The Medical Home Project is just beginning. There will be 4 sites, 2 will be private practitioners offices and 2 will be school-based clinics. In each of the sites, OCSHCN will pay for a full time screener and a part time care coordinator. We are looking at 2 hypotheses here. If we have a full time screener available on site for every child and will we in fact identify more unmet needs of children when you have more formal screening process. We are not only looking at developmental delays, we are looking mental health issues, dental issues, and transition issues. Once potential children are identified, the care coordinator assists the individual in obtaining appropriate services.	
		W does this committee fit with the IS activities? We are looking for community leaders who want to work on systems change. This group seems to attract a different kind of person, than the other committees. You have already done so much work on your plan, that we thought this was such a highly motivated group that we could incorporate into our ISG system.	
Discussion	Dr. Birkholz	This sounds good. I want to make sure that all of you have the outcome of our first year's work (<i>referring to handout</i>)	
		What should this group look like? Everything Dr. Cox described is very exciting as it will give us an opportunity to join forces. I did a presentation of this at the Arizona Adolescent Health Coalition Conference this year. It was an initial view. At this point, we can get down to planning what we wish to do next.	
		We did a screening project and found out the very same thing. You do not want to screen for problems that we don't have resources to answer.	
		Some of the ideas that we have to work on is to continue to develop our screening product, which has evolved from a book (I didn't bring it), that we have developed so far, and it should probably go from a book to online. That would make it work better for physicians and other providers with the different screening tools and other resources that will be available. That is one project that we will continue as a group.	*Information developed on screening products for physicians and other providers needs to be on the website.
		The other thing that we could work on is any grants that may come up. One of the grants I did was educating provider groups about adolescent health care. Developing a curriculum for that and some kind of process to educate physicians, offices and clinics on how best to work with adolescents. How best to involve parents and the medical home project. Also, adequate reimbursement and insurance coverage for services.	

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		We have been putting together a matrix of current activities happening with adolescent healthcare. There is a lot going on with integration and adolescent health care, and we need to bring people together on the projects they are working on.	*Follow-up for potential WEB posting
	Ms. Plonski-Fuqua	Did you tell them about the website. That will be good to talk about. Things like this, the matrix, that we already have things on, can go on the website. The whole idea is for it to be a document that people can add to, for people to know what is out there, and what they can tap into for resources.	
Discussion	Dr. Cox	Dr. Cox informed the group of the Integrated Services website (www.azis.gov). You can also go to the ADHS-OCSHCN website and access information. Each of the committees have their own home page. Each can put resources, surveys, minutes, and agendas on the site.	*Website is www.azis.gov
		Each group has a list of tasks that they are responsible for, and the strategies they are using to accomplish the tasks with a time frame established. That is listed on the website too. The idea is that everyone should know what everyone else is doing.	
	Dr. Birkholz	This group will have their own page? It was confirmed that the Adolescent Health Community Advisory Group will have their own link on the www.azis.gov website.	*Adolescent Health Community Advisory Group will have link on www.azis.gov
	Dr. Nelson	This is the first time I have been to an Adolescent Group meeting. Can you walk me through a bit of history? I had been asked to come to this through Behavioral Health. We are working on our own integration and I am not sure on how it gets from us back to you. Help me understand where this group originated and where their support has been.	
	Dr. Birkholz	It started with the Arizona Medical Association. That primary focus was educating physicians. It got larger because when we went to look for grants, we were asked about the sustainability portion. How would we integrate with what is going on in Arizona? We got broader in our focus, in terms of actually wanting to change the standards of care and best practices for physicians. That is part of what we do. Sounds simple but it is a huge thing. We have had 30 to 40 people off and on that have put together the objectives we want to achieve. We limited it to Arizona and access to care.	

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		We had a grant to make the committee work and we produced the Get Healthy booklet. This is available through Arizona Medical Association. In the booklet, there are 5 basic areas, key directions that we would like on the website. Then the matrix.	*Get Healthy: Improving Adolescent Access to Appropriate Health Care booklet available through Arizona Medical Association * Get Healthy booklet to be on www.azis.gov
Deciding Next Steps	Dr. Birkholz	What this group can do, is an overview of what we want to accomplish with this grant. Also, we can help facilitate projects.	
	Ms. Plonski-Fuqua	This group has history. This group is one of the voices that got Behavioral Screening included on the EPSDT forms for adolescents.	
		Dr. Birkholz met with people from AHCCCS and it took us awhile to get that going, but this group was a voice for that to happen. It can work.	
		Can this group get the youth to really speak out? To get the youth more involved. It is hard to get youth to the table.	
	Ms. Plonski-Fuqua	Deborah Neat had focus groups (small groups) in two different geographical areas. Then we had a small one with Frank Rider helping us out, to get feedback on the survey.	
	Discussion	There was discussion on the avenues to take with the schools to bring youth to the table on issues of adolescent health care (volunteers, teachers, coordinators, counselors).	
		1) Camelback High School has the Camelback Coalition where they have a bunch of outreach groups that come together for meetings, at least twice a year, and a “care conference”. 2) A lot of these kids don’t have access to health care and we will probably be able to identify them. 3) There are classroom activities in certain areas. Specific activities for on-the-job. They get credit for having a part time job, etc. Maybe the classroom could be part of the learning environment.	*Camelback Coalition out of Camelback High School may help with involving more adolescents in the issues at hand *Ms Plonski-Fuqua to obtain contact name at Camelback High School
Deciding Next Steps	Ms. Plonski-Fuqua	In terms of this particular activity, we would need to identify exactly what that would look like and what we want from it. Then how would we get it up and going? This might be an activity that we can examine at the next meeting when we have more time.	*Next meeting item: Schools
	Question	What is the integration? You have a Youth Committee already.	

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	Dr. Cox	That committee is going to involve parents, community leaders, and teachers, etc. and educate about transition issues and more from the perspective of youth. We want them to be very active. We are recruiting among a variety of different populations. The projects would be youth driven. They would develop the curriculum. It is not just coming and talking. They would want the input from the professionals to guide them. It is hard to engage them in a process that they don't see themselves having a role.	
	Question	Are the youth involved in the integration committees?	
	Dr. Cox	Yes, and we also have the Project Abstract form that any committee members can fill out and take it to another committee or the Task Force for consideration of a project the member may be interested in.	
	Ms. Plonski-Fuqua	Another thing we have to do is to decide how we accomplish the tasks. In the binder, under the 4 tab, the Committee Tasks are outlined in a form.	
	Dr. Cox	You have something similar to this in your Action Plan in the Get Healthy booklet.	
	Dr. Birkholz	On the Performance Measures, we can adapt a lot of what has been done to these.	
	Ms. Plonski-Fuqua	I also have included the Office for Women's and Children's Health (OWCH) Title V Performance Measures as a handout.	
Planning Future Meeting Dates & Times	Dr. Birkholz	I need some feedback from the group. How do you want to function? How do you want to meet?	
		The group decided to meet on the second Tuesday of the month (or close to it according to scheduling of rooms, etc) from 5:30 to 7:30pm in the evening, with dinner. Dinner will be ordered and each member will contribute their amount due at the meeting.	
Next Meeting		Tuesday, May 9, 2006, 5:30pm – 7:30pm ADHS Bldg. Room 345A	